

CLAIMS ONLY

Application Number
101672595

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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32	1					
33	1					
34	1					
35	1					
36	1					
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	1					
Total Depend	29					
Total Claims	36					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						